

COUNTY OF SUFFOLK



STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

Department of Consumer Affairs

Shelving an Occupational License

A licensee who determines not to engage in the business regulated herein may make application to the Department of Consumer Affairs to inactivate the license.

The Licensee will complete an Application for Shelving and submit it to the Department with a fee of \$100.00 (\$50.00 per annum). The respective Licensing Boards will consider each shelving application. After the license has been shelved, you may cancel your insurance.

Once a license has been shelved, no further work can be performed until the license has been re-activated. Contact the Department of Consumer Affairs for instructions on how to re-activate your license. Insurance must be reinstated in the currently required amounts.

You will not be allowed to shelve your license once it has gone 60 days beyond expiration!

COUNTY OF SUFFOLK



STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

Department of Consumer Affairs

STATE OF NEW YORK}
COUNTY OF SUFFOLK}

SS:

AFFIRMATION

1. I hereby make application and request that I be granted permission to shelve my OCCUPATIONAL LICENSE.
2. I HEREBY SUBMIT MY IDENTIFICATION CARD AND AGREE TO PAY THE FEE OF One Hundred (\$100.00) dollars (\$50.00 per annum) for the privilege of shelving my license for a two year period.
3. I hereby acknowledge that I have been advised and am fully aware that while my license # _____ is shelved, that no further work can be performed by me.
4. I further certify that any work done by me in the future will only be done after I first secure a valid license in accordance with the Suffolk County Code.
5. I hereby acknowledge that I have been advised that I may cancel my insurance when my license is shelved, but must immediately reinstate the insurance in the currently required amounts, and provide a new insurance certificate to the Suffolk County Consumer Affairs when I wish to become active again in the trade.
6. I certify that all my business obligations have been fulfilled.
7. **I understand that I will not be allowed to shelve my license once it has gone 60 days beyond expiration.**

Print Name

Street address

City & State Zip Code

AFFIRMATION (To be completed by applicant): I AFFIRM UNDER PENALTIES OF THE PENAL LAW, THAT I PREPARED THIS APPLICATION AND THAT THE STATEMENTS CONTAINED THEREIN ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT AND THAT I HAVE NOT KNOWINGLY AND WILLFULLY MADE A FALSE STATEMENT OR GIVEN INFORMATION WHICH I KNOW TO BE FALSE IN CONNECTION THEREWITH.

Signed _____ Date _____